

59th Medical Wing



U.S. AIR FORCE

59 MDW Ophthalmology Product Line Analysis Clinic Input

Information Brief

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Date: 08 Sept 04

Integrity - Service - Excellence

Overview

- Current/Future Problem Areas
 - Review of Initial Product Line Analysis
- Possible Solutions
 - Wing Directions on offered solutions
 - Support Requirements from 59 MDW
 - Support Requirement Extras
- CAMO Interface Concerns
- Initial Clinic Business Rules

Ophthalmology Product Line Analysis

- Ophthalmologists MAPPG06 = 10
 - Two short (one general ophthalmologist)
 - RSA provider supports this void
 - AD fill not expected due to AF manpower

RSA cut: elimination of RSA
Ophthalmologist

Ophthalmology Product Line Analysis Review

- Technicians - Current number: 18
 - RSA = 6
 - GS = 2
 - SCO = 2
 - AD = 8 (50% manned)
- SCO number = 24 (3:1 ratio)
 - MAPPG 04 & 06 = 18

RSA cut (6 to 4) = total of 16

Ophthalmology Product Line Analysis Review

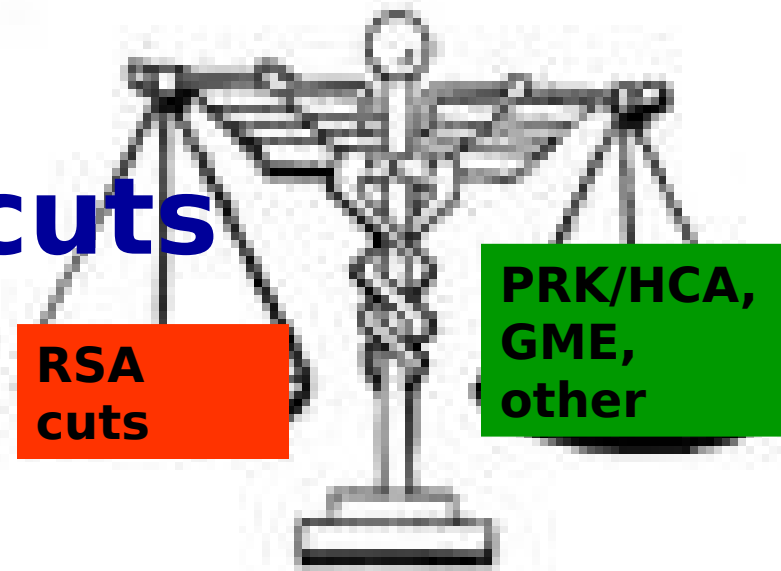
- Admin Clerks – Current number: 6
 - 3 of 4 AD
 - 3 RSA
 - SCO = 6
 - MAPPG 04 & 06 = 6

RSA cut (1) = total of 5

Ophthalmology Product Line Analysis - Review

- May 04 RSA reduction: 0.5 MD/5.5 techs/2 admin
 - Reduction from 1 MD / 6 techs / 3 admin
 - PRK/Research optometrist loss
 - Back to Optometry for loss of 1.0 FTE RSA optometrist
- Aug 04 Product Line Analysis - RSA
 - Cut MD / 2 techs / 1 admin
 - = 0 MD / 4 techs / 2 admin

Problem - RSA cuts



Goals:

1. Maintain health of GME & Readiness programs
2. Meet product line requirements

~300 patient visits per month

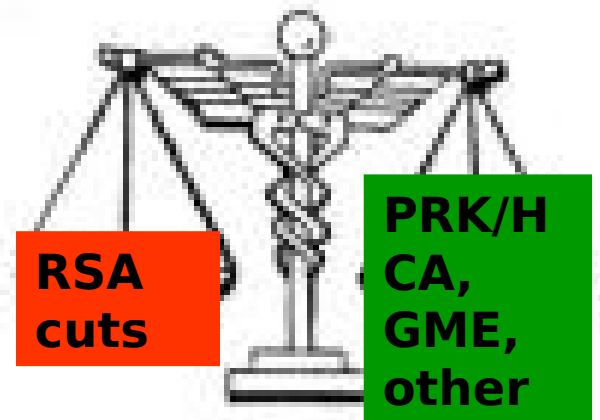
GME

- Overall Program Health: Excellent
 - 100% Board Certification
 - Scores: top 1-5% nation-wide
 - Research: Pubs/presentations: 65/ past 12 months
 - 56 Abstracts /6 Publications / 5 Book chapters
 - Surgical Case Mix and Volume: Good
 - Mid 1/3 nation-wide (30-60%tile)
 - 2/3 of volume from > 65 (requires 25-30 visits/surgery)
 - OR Starts: FY04 = Okay
 - FY04 Ave: = 95 cases/mo (30-60%tile)
 - Optimum = 100 cases/mo (50-75%tile)
 - Critical > 75 cases/mo (<RRC minimums)

...Patient volume must be maintained to achieve needed surgeries

Readiness

- Refractive Surgery
 - Lead AF center
 - Only center treating pilots
 - AF/CC & SG directed: “Super Vision Initiative”



Warfighter Refractive Surgery

- Result of refractive surgeons diverted to TSP
 - Loss of Productivity
 - Loss of 2,500 treatments a year
 - Budget Cuts - projected
 - Budget cut by \$700K (current \$1.9M/year)
 - Increased wait time for active duty
 - from 3 mos to approx 12 mos
 - Loss of research work on “Super Vision Initiative”

“Other”

A Sampling...

- Chief Consultant
- Refractive Surgery Consultant
 - Oversees five AF laser centers
- Program Director – Combined Residency
- TATRC Consultant and COR
- NIH Advisory Council member
- Am Acad Ophthal Council member
- Am Board of Ophthal Examiner

- Note: no moonlighting

RSA contract loss - Impact

- RSA contract
 - Ophthalmologist: 1.0 FTE contract
 - 300 patients/ week
 - **All PRIME**

Possible Solutions

- 1. Disengage PRIME patients supported by RSA Ophthalmologist - 300 patient visits/month
- 2. Convert unfilled AD slots to GS
 - Eliminates need for all RSA
- 3. Revise AD Staff workload and RSA tech cuts
 - Staff workload increased to 'capture' 300 patients/month
 - 2.5 more days of clinic per week
- 4. Revise RSA cuts
 - Ophthalmologist 0.2 FTE
 - Techs 5
 - Admin Clerks 3

Disengage TSP patients supported by RSA Ophthalmologists

- Ophthalmology standpoint
 - GME maintained
 - No loss of surgical volume (1st Refusal)
 - Reduces space strain on clinic

Convert AD slots to GS

- A. Ophthalmologist 45E3 to GS
- B. Convert 6 unfilled AD techs to GS
- C. Convert 1 unfilled AD admin clerk to GS
- D. No RSA needed!

Revise AD Staff workload & RSA cuts

300 patients/month = 2.5 more days of clinic per week -- (Direct + Indirect costs)

Indirect costs...

- GME: excellence in academics, research, etc
 - “% Compared to Acad. Benchmark 200%”
- Readiness
 - Refractive Surgery – recommend no weakening
 - HCA deployments
 - 5 trips FY05
 - RSVP – CMRT = 4 trips minimum/year
- The “Other” + morale

	Monday	Tuesday	Wednesday	Thursday	Friday
Flynn	Admin	Glaucoma	OR	Glaucoma	G Rounds/M&M
<i>Glaucoma</i>	Admin	Glaucoma Lasers	OR	Glaucoma	Pre/Post OP
Smith	Cornea	OR	Lasik Eval	PRK	G Rounds/M&M
<i>Anterior Seg</i>	Admin	OR	Gp Consents	PRK	Pre/Post OP
Holck	Minors	OR	Plastics	Tumor/Plast	G Rounds/M&M
<i>Plastics</i>	Minors	OR	Plastics	Admin	Pre/Post OP
Schatz	Neuro	Peds	OR	UT Peds	G Rounds/M&M
<i>Neuro/Peds</i>	Neuro	Peds	OR	UT-Santa Rosa	Pre/Post OP
Roberts	Admin	Peds	OR	GC/Peds	G Rounds/M&M
<i>Peds/Comp</i>	Admin	Peds	OR	GC/Peds	Pre/Post OP
Dudenhoefer	PRK	Cornea	GC	OR	G Rounds/M&M
<i>Anterior Seg</i>	PRK	Cornea	Gp Con	OR	Pre/Post OP
Lane	OR	Uveitis	Retina	GC	G Rounds/M&M
<i>Retina/Uveitis</i>	OR	Lasers	Dia Scr	ROP	Pre/Post OP
Reilly	PRK	Uveitis	PRK	OR	G Rounds/M&M
<i>Anterior Seg</i>	Cornea	OR	Lasik	GC	Pre/Post OP
RSA		GC (20)	GC(20)	OR 1-2X mo	Visual Fields
<i>Resource Sha</i>	Minors	GC (20)	GC(20)	OR 1-2X mo	Post-Ops
LoRusso			Diab/Wellness	OR	
<i>Retina/Comp</i>				OR	
Perez			GC 1-2X mo		

* BAMC: 40 Retina / 30 Peds / 40 Oculoplastics = 110 patients/week

*** Admin = "the other"

Revise AD Staff workload & RSA cuts

Direct Costs

- Minimum 17 techs
 - Restore 1 RSA techs – 5 (\$35K)
- Minimum 6 Admin Clerks
 - Restore 1 RSA clerks – 3 (\$28K)

Total additional costs: \$63K + Indirect costs

Revise RSA cuts

From	To	Current
0.5 MD	0 MD	1.0 MD
5.5 techs	4 techs	6 techs
3 admin	2 admin	3 admin

Recommend: (est. additional cost)

- Ophthalmologist 0.2 FTE (\$35K)
 - Techs 5 (\$36K)
 - Admin Clerks 3 (\$28K)
-
- Total additional cost/yr: \$99K

Solutions	Costs/yr
1. Disengage TSP patients	\$1.4M
2. Convert unfilled AD slots to GS	?Any?
3. Revise AD Staff workload and RSA tech cuts	\$63K + Indirect
4. Revise RSA cuts MD 0.2 /Techs 5 / Admin Clerks 3	\$100K + Indirect (less)

Support Requirements – Extras

- Surgery
 - 1. Civilian ASU for TFL
 - Meets GME needs with cost savings
 - 2. Local Room
 - Nurse support
 - EENT Clinic OR: nurse & tech
 - Topical anesthesia cataract surgery: OR nurse, IV nurse, & tech

Net: 40%+ of surgeries

Warfighter Refractive Surgery Center - Expansion

- Benefits
 - Increase AD treatments
 - from 2500/yr to 4000/yr
 - CSAF Super Vision Research
 - Potential for AD Refractive Surgery Fellowship Position
 - Open Dependent/Retiree fee for service program
 - Potential income of \$750K - \$1.0M/yr

Warfighter Refractive Surgery Expansion Proposal

- Expansion sites:
 - New building construction
 - WHMC Existing Space
 - Wellness Bldg (HAWC)
 - Floor expansion

Support Requirements – Extras

- Research Department
 - Support “Supervision Initiative” & GME +
 - Project once established: self supporting
 - Gov sources, Sponsored trials, Universities
 - Promising horizon for ‘seed’ money
 - Visual Scientist, Study Tech, Admin, Nurse
- Space need

CAMO Interface

- *The way you deal with your referrals/consults right now is working, you may be concerned with how this will change when CAMO begins taking on some of these duties*
- *Identify what you see as a potential problem area with this and why*

Up and running for one month

We do not see any showstoppers...just some fine tuning

Initial Ophthalmology Clinic Business Rules

ACCESS

Clinic Schedules Oversight

- Use pseudo -"open access" model
 - If available manpower
- Clinic Director reviews ALL schedules prior to publishing
 - No changes allowed without clinic director/Chair approval
 - Load schedules min 4-6 weeks ahead (currently - 31 Oct 04)

Initial Clinic Business Rules

ACCESS

- Ophthalmology CAMO booking implemented one month ago (new consults only)
 - 24 business hour provider review prior to booking (specify appt type/provider)
 - Dedicated POC (Felecia Johnson-Headen) very beneficial
 - Patient phoned within 72 hours

Initial Clinic Business Rules

ACCESS-Concerns

- No shows
 - No appt letter sent
 - Many appt notifications- telecom messages left only
 - No directions/maps provided (Appts at WHMC, Wellness and BAMC)
- Solution
 - Provide written appt notification with map
 - Service that was provided by clinic

Initial Clinic Business Rules

CODING-Concerns

- Only one coder for > 3000 patient visits per month (does not include current RSA patient volume)
- Other clinics with this patient load = 2 coders
- Recommend additional coding support
 - Share from another clinic?

Areas of Concern

Current/Future Problem Areas

- Follow-Up Appt Booking by CAMO?
- We do not recommend this
 - CAMO unable to understand specific clinic requirements for multitude of various appointment types, by clinic
 - Increased risk for pt being booked in wrong appt type
 - Decreased customer service

Possible Solutions (cont)

- F/U Appt Booking
 - Clinics may request CAMO assistance as needed
 - Request individual clinics maintain control
 - “Right Time, Right Patient”
 - More customer friendly
 - F/U booked at checkout